PRINTED: 05/09/2019 FORM APPROVED

Division of Health Service Regulation

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		A. BUILDING: _		
	MHL078-312	B. WING		R 05/02/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
ROBESON #3 504 S ELM STREET  MAXTON, NC 28364				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)  (X5)  COMPLETE  DATE	
V 000 INITIAL COMMENTS		V 000		
An annual and follow on May 2, 2019. No This facility is license category: 10A NCAC	up survey was completed deficiencies were cited.  d for the following service 27G .5600C Supervised	V 000		
	SUMMARY ST.  (EACH DEFICIENC REGULATORY OR I  INITIAL COMMENTS  An annual and follow on May 2, 2019. No of the state of th	MHL078-312  ROVIDER OR SUPPLIER STREET AD  1 #3  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	MHL078-312  B. WING  B. WING  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STA  504 S ELM STREET  MAXTON, NC 28364  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  V 000  An annual and follow up survey was completed on May 2, 2019. No deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised	MHL078-312  B. WING  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  504 S ELM STREET  MAXTON, NC 28364  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  A. BUILDING:  B. WING  OF PROVIDER'S PLAN OF CORRECTION OF CORRECTIO

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE